



# Personal Breast Pump Agreement

## WIC Use Only

Date Issued: \_\_\_\_\_ FID ID (FID): \_\_\_\_\_  
Pump type ☐ Electric ☐ Manual ☐ Other: \_\_\_\_\_ WIC Agency/#: \_\_\_\_\_  
Brand: \_\_\_\_\_ WIC Clinic/#: \_\_\_\_\_  
Pump Serial/Tag #: \_\_\_\_\_ WIC Phone: \_\_\_\_\_  
Focus Pump #: \_\_\_\_\_ WIC Fax: \_\_\_\_\_  
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### The Iowa WIC Program agrees to provide a personal breast pump to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Reason for Issuing: \_\_\_\_\_  
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### Terms:

- The breast pump is only for my use. The pump cannot be shared with anyone due to health and safety concerns.
- I will not trade, sell, or transfer or exchange this breast pump or attempt to trade, sell, or transfer or exchange this breast pump. I will not allow any other person to trade, sell, or transfer or exchange this breast pump or attempt to trade, sell, or transfer or exchange this breast pump.
- I will immediately report any problem with the pump to the WIC agency.
- I have been shown how to operate and care for this pump and I understand how to use it.
- I understand that the WIC Program, its employees, and the Iowa Department of Public Health are not responsible for any personal damage caused by the use of this breast pump. The responsibility of the pump and its use is mine alone.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized WIC Staff Signature

\_\_\_\_\_  
Date